

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300234A
PAYMENT ISSUE DATE: 02/14/2014

ALAMEDA COUNTY TREASURER
1221 OAK ST

OAKLAND

CA 94612

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 01/01/2014 To 01/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 7,973,769.26

Gross Claim \$7,973,769.26

Net Claim / Payment Amount \$7,973,769.26

YTD Amount: \$25,603,138.65

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300234A
PAYMENT ISSUE DATE: 02/14/2014

ALPINE COUNTY TREASURER
PO BOX 217

MARKLEEVILLE

CA 96120

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 01/01/2014 To 01/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 203,280.68

Gross Claim \$203,280.68

Net Claim / Payment Amount \$203,280.68

YTD Amount: \$652,718.09

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300234A
PAYMENT ISSUE DATE: 02/14/2014

AMADOR COUNTY TREASURER
810 COURT ST

JACKSON

CA 95642

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 01/01/2014 To 01/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 365,915.92

Gross Claim \$365,915.92

Net Claim / Payment Amount \$365,915.92

YTD Amount: \$1,174,926.89

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300234A
PAYMENT ISSUE DATE: 02/14/2014

BERKELEY CITY TREASURER
2180 MILVIA STREET 2ND FLOOR

BERKELEY CA 94704

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 01/01/2014 **To** 01/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 675,616.46

Gross Claim \$675,616.46

Net Claim / Payment Amount \$675,616.46

YTD Amount: \$2,169,350.70

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300234A
PAYMENT ISSUE DATE: 02/14/2014

BUTTE COUNTY TREASURER
25 COUNTY CENTER DR

OROVILLE

CA 95965

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 01/01/2014 **To** 01/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 1,304,184.33

Gross Claim **\$1,304,184.33**

Net Claim / Payment Amount **\$1,304,184.33**

YTD Amount: **\$4,187,632.09**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300234A

PAYMENT ISSUE DATE: 02/14/2014

CALAVERAS COUNTY TREASURER
GOVERNMENT CENTER

SAN ANDREAS

CA 95249

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 01/01/2014 **To** 01/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 395,658.39

Gross Claim **\$395,658.39**

Net Claim / Payment Amount **\$395,658.39**

YTD Amount: **\$1,270,427.60**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300234A

PAYMENT ISSUE DATE: 02/14/2014

COLUSA COUNTY TREASURER

546 JAY ST

COLUSA

CA 95932

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 01/01/2014 To 01/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 329,476.10

Gross Claim \$329,476.10

Net Claim / Payment Amount \$329,476.10

YTD Amount: \$1,057,921.55

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300234A
PAYMENT ISSUE DATE: 02/14/2014

CONTRA COSTA COUNTY TREASURER
625 COURT ST RM 102

MARTINEZ

CA 94553

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 01/01/2014 To 01/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 5,065,187.79

Gross Claim \$5,065,187.79

Net Claim / Payment Amount \$5,065,187.79

YTD Amount: \$16,263,914.97

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300234A
PAYMENT ISSUE DATE: 02/14/2014

DEL NORTE COUNTY TREASURER
981 H ST STE 150

CRESCENT CITY CA 95531

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 01/01/2014 To 01/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 346,804.52

Gross Claim \$346,804.52

Net Claim / Payment Amount \$346,804.52

YTD Amount: \$1,113,561.71

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300234A
PAYMENT ISSUE DATE: 02/14/2014

EL DORADO COUNTY TREASURER
360 FAIR LN

PLACERVILLE

CA 95667

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 01/01/2014 To 01/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 906,422.01

Gross Claim \$906,422.01

Net Claim / Payment Amount \$906,422.01

YTD Amount: \$2,910,448.96

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300234A
PAYMENT ISSUE DATE: 02/14/2014

FRESNO COUNTY TREASURER
PO BOX 1406

SACRAMENTO

CA 95812

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 01/01/2014 To 01/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 5,484,530.95

Gross Claim \$5,484,530.95

Net Claim / Payment Amount \$5,484,530.95

YTD Amount: \$17,610,392.47

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300234A
PAYMENT ISSUE DATE: 02/14/2014

GLENN COUNTY TREASURER
516 WEST SYCAMORE STREET

WILLOWS

CA 95988

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 01/01/2014 To 01/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 348,678.88

Gross Claim **\$348,678.88**

Net Claim / Payment Amount **\$348,678.88**

YTD Amount: **\$1,119,580.15**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300234A
PAYMENT ISSUE DATE: 02/14/2014

HUMBOLDT COUNTY TREASURER
825 FIFTH ST RM 125

EUREKA

CA 95501

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 01/01/2014 To 01/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 804,370.47

Gross Claim \$804,370.47

Net Claim / Payment Amount \$804,370.47

YTD Amount: \$2,582,769.58

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300234A
PAYMENT ISSUE DATE: 02/14/2014

IMPERIAL COUNTY TREASURER
940 WEST MAIN ST

EL CENTRO

CA 92243 2863

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 01/01/2014 To 01/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 1,108,149.27

Gross Claim \$1,108,149.27

Net Claim / Payment Amount \$1,108,149.27

YTD Amount: \$3,558,179.12

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300234A

PAYMENT ISSUE DATE: 02/14/2014

INYO COUNTY TREASURER

PO BOX 0

INDEPENDENCE

CA 93526

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 01/01/2014 To 01/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 235,173.87

Gross Claim \$235,173.87

Net Claim / Payment Amount \$235,173.87

YTD Amount: \$755,124.60

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300234A
PAYMENT ISSUE DATE: 02/14/2014

KERN COUNTY TREASURER
PO BOX 981240

SACRAMENTO CA 95798 1240

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 01/01/2014 To 01/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 4,733,380.43

Gross Claim \$4,733,380.43

Net Claim / Payment Amount \$4,733,380.43

YTD Amount: \$15,198,507.93

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300234A

PAYMENT ISSUE DATE: 02/14/2014

KINGS COUNTY TREASURER

PO BOX 1406

SACRAMENTO

CA 95812 1406

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 01/01/2014 To 01/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 931,181.03

Gross Claim \$931,181.03

Net Claim / Payment Amount \$931,181.03

YTD Amount: \$2,989,948.20

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300234A
PAYMENT ISSUE DATE: 02/14/2014

LAKE COUNTY TREASURER
255 NORTH FORBES ST RM 215

LAKEPORT

CA 95453

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 01/01/2014 To 01/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 461,339.20

Gross Claim \$461,339.20

Net Claim / Payment Amount \$461,339.20

YTD Amount: \$1,481,323.47

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300234A
PAYMENT ISSUE DATE: 02/14/2014

LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE

CA 96130

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 01/01/2014 To 01/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 347,352.79

Gross Claim \$347,352.79

Net Claim / Payment Amount \$347,352.79

YTD Amount: \$1,115,322.15

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300234A
PAYMENT ISSUE DATE: 02/14/2014

LOS ANGELES COUNTY TREASURER
PO BOX 1859

SACRAMENTO

CA 95812

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 01/01/2014 To 01/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 63,668,150.96

Gross Claim \$63,668,150.96

Net Claim / Payment Amount \$63,668,150.96

YTD Amount: \$204,433,366.74

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300234A
PAYMENT ISSUE DATE: 02/14/2014

MADERA COUNTY TREASURER

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO

CA 95812 1859

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 01/01/2014 **To** 01/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 975,281.01

Gross Claim **\$975,281.01**

Net Claim / Payment Amount **\$975,281.01**

YTD Amount: **\$3,131,549.71**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300234A
PAYMENT ISSUE DATE: 02/14/2014

MARIN COUNTY TREASURER

PO BOX 4220
CIVIC CENTER
SAN RAFAEL

CA 94913

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 01/01/2014 **To** 01/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 1,263,489.86

Gross Claim **\$1,263,489.86**

Net Claim / Payment Amount **\$1,263,489.86**

YTD Amount: **\$4,056,965.40**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300234A
PAYMENT ISSUE DATE: 02/14/2014

MARIPOSA COUNTY TREASURER
PO BOX 36

MARIPOSA CA 95338

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 01/01/2014 To 01/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 236,979.15

Gross Claim \$236,979.15

Net Claim / Payment Amount \$236,979.15

YTD Amount: \$760,921.19

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300234A
PAYMENT ISSUE DATE: 02/14/2014

MENDOCINO COUNTY TREASURER
501 LOW GAP RD 1060

UKIAH

CA 95482

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 01/01/2014 To 01/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 561,264.53

Gross Claim \$561,264.53

Net Claim / Payment Amount \$561,264.53

YTD Amount: \$1,802,175.75

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300234A

PAYMENT ISSUE DATE: 02/14/2014

MERCED COUNTY TREASURER

PO BOX 981311

WEST SACRAMENTO

CA 95798 1311

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 01/01/2014 To 01/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 1,640,997.43

Gross Claim \$1,640,997.43

Net Claim / Payment Amount \$1,640,997.43

YTD Amount: \$5,269,112.16

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300234A
PAYMENT ISSUE DATE: 02/14/2014

MODOC COUNTY TREASURER
204 COURT ST RM 101

ALTURAS

CA 96101

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 01/01/2014 **To** 01/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 220,999.12

Gross Claim **\$220,999.12**

Net Claim / Payment Amount **\$220,999.12**

YTD Amount: **\$709,610.60**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300234A
PAYMENT ISSUE DATE: 02/14/2014

MONO COUNTY TREASURER
PO BOX 495

BRIDGEPORT

CA 93517

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 01/01/2014 To 01/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 230,486.85

Gross Claim **\$230,486.85**

Net Claim / Payment Amount **\$230,486.85**

YTD Amount: **\$740,074.93**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300234A
PAYMENT ISSUE DATE: 02/14/2014

MONTEREY COUNTY TREASURER
PO BOX 1406

SACRAMENTO CA 95812 1406

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 01/01/2014 To 01/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 2,613,717.62

Gross Claim \$2,613,717.62

Net Claim / Payment Amount \$2,613,717.62

YTD Amount: \$8,392,439.31

For assistance, please call: John Bodolay at (916) 323-2154

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300234A

PAYMENT ISSUE DATE: 02/14/2014

NAPA COUNTY TREASURER

1195 THIRD ST RM 108

NAPA

CA 94559 3035

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 01/01/2014 **To** 01/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 750,874.15

Gross Claim **\$750,874.15**

Net Claim / Payment Amount **\$750,874.15**

YTD Amount: **\$2,410,997.15**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300234A
PAYMENT ISSUE DATE: 02/14/2014

NEVADA COUNTY TREASURER
PO BOX 128

NEVADA CITY

CA 95959

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 01/01/2014 To 01/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 614,575.87

Gross Claim \$614,575.87

Net Claim / Payment Amount \$614,575.87

YTD Amount: \$1,973,354.21

For assistance, please call: John Bodolay at (916) 323-2154

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300234A
PAYMENT ISSUE DATE: 02/14/2014

ORANGE COUNTY TREASURER
PO BOX 981024

WEST SACRAMENTO CA 95798 1024

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 01/01/2014 To 01/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 18,117,677.73

Gross Claim \$18,117,677.73

Net Claim / Payment Amount \$18,117,677.73

YTD Amount: \$58,174,421.58

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300234A
PAYMENT ISSUE DATE: 02/14/2014

PLACER COUNTY TREASURER

2976 Richardson Dr.

Auburn

CA 95603

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 01/01/2014 **To** 01/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 1,521,798.00

Gross Claim **\$1,521,798.00**

Net Claim / Payment Amount **\$1,521,798.00**

YTD Amount: **\$4,886,372.29**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300234A
PAYMENT ISSUE DATE: 02/14/2014

PLUMAS COUNTY TREASURER
PO BOX 176

QUINCY

CA 95971

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 01/01/2014 To 01/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 319,255.13

Gross Claim \$319,255.13

Net Claim / Payment Amount \$319,255.13

YTD Amount: \$1,025,102.81

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300234A

PAYMENT ISSUE DATE: 02/14/2014

RIVERSIDE COUNTY TREASURER

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO

CA 95812 4035

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 01/01/2014 **To** 01/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 11,620,833.12

Gross Claim **\$11,620,833.12**

Net Claim / Payment Amount **\$11,620,833.12**

YTD Amount: **\$37,313,570.50**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300234A

PAYMENT ISSUE DATE: 02/14/2014

SACRAMENTO COUNTY TREASURER

PO BOX 980264

WEST SACRAMENTO

CA 95798 0264

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 01/01/2014 To 01/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 7,162,654.64

Gross Claim \$7,162,654.64

Net Claim / Payment Amount \$7,162,654.64

YTD Amount: \$22,998,714.13

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300234A
PAYMENT ISSUE DATE: 02/14/2014

SAN BENITO COUNTY TREASURER

COURTHOUSE
440 FIFTH ST RM 107
HOLLISTER

CA 95023

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 01/01/2014 **To** 01/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 445,541.93

Gross Claim **\$445,541.93**

Net Claim / Payment Amount **\$445,541.93**

YTD Amount: **\$1,430,599.69**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300234A
PAYMENT ISSUE DATE: 02/14/2014

SAN BERNARDINO CO TREASURER
PO BOX 1859

SACRAMENTO CA 95812

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 01/01/2014 To 01/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 11,762,001.19

Gross Claim \$11,762,001.19

Net Claim / Payment Amount \$11,762,001.19

YTD Amount: \$37,766,849.93

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300234A
PAYMENT ISSUE DATE: 02/14/2014

SAN DIEGO COUNTY TREASURER
PO BOX 980304

WEST SACRAMENTO CA 95798 0304

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 01/01/2014 **To** 01/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 18,266,276.40

Gross Claim **\$18,266,276.40**

Net Claim / Payment Amount **\$18,266,276.40**

YTD Amount: **\$58,651,560.09**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300234A

PAYMENT ISSUE DATE: 02/14/2014

SAN FRANCISCO COUNTY TREASURER

PO BOX 2920

SACRAMENTO

CA 95814 2920

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 01/01/2014 To 01/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 4,138,098.72

Gross Claim \$4,138,098.72

Net Claim / Payment Amount \$4,138,098.72

YTD Amount: \$13,287,105.72

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300234A

PAYMENT ISSUE DATE: 02/14/2014

SAN JOAQUIN COUNTY TREASURER

PO BOX 981355

WEST SACRAMENTO

CA 95798 1355

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 01/01/2014 **To** 01/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 3,764,981.76

Gross Claim **\$3,764,981.76**

Net Claim / Payment Amount **\$3,764,981.76**

YTD Amount: **\$12,089,056.85**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300234A
PAYMENT ISSUE DATE: 02/14/2014

SAN LUIS OBISPO COUNTY TREASURER
PO BOX 1149

SAN LUIS OBISPO CA 93406

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 01/01/2014 To 01/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 1,518,644.34

Gross Claim \$1,518,644.34

Net Claim / Payment Amount \$1,518,644.34

YTD Amount: \$4,876,246.14

For assistance, please call: John Bodolay at (916) 323-2154

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300234A
PAYMENT ISSUE DATE: 02/14/2014

SAN MATEO COUNTY TREASURER

C/O UNION BANK ST GOVT DEPT

PO BOX 4035

Sacramento

CA 95812

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 01/01/2014 **To** 01/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 3,636,709.15

Gross Claim **\$3,636,709.15**

Net Claim / Payment Amount **\$3,636,709.15**

YTD Amount: **\$11,677,183.72**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300234A
PAYMENT ISSUE DATE: 02/14/2014

SANTA BARBARA COUNTY TREASURER
PO BOX 579

SANTA BARBARA CA 93102

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 01/01/2014 To 01/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 2,588,659.95

Gross Claim \$2,588,659.95

Net Claim / Payment Amount \$2,588,659.95

YTD Amount: \$8,311,981.12

For assistance, please call: John Bodolay at (916) 323-2154

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300234A
PAYMENT ISSUE DATE: 02/14/2014

SANTA CLARA CO TREASURER
PO BOX 1406

SACRAMENTO

CA 95812

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 01/01/2014 To 01/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 10,244,682.94

Gross Claim \$10,244,682.94

Net Claim / Payment Amount \$10,244,682.94

YTD Amount: \$32,894,861.76

For assistance, please call: John Bodolay at (916) 323-2154

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300234A
PAYMENT ISSUE DATE: 02/14/2014

SANTA CRUZ COUNTY TREASURER
PO BOX 1817

SANTA CRUZ CA 95061

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 01/01/2014 To 01/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 1,645,180.76

Gross Claim \$1,645,180.76

Net Claim / Payment Amount \$1,645,180.76

YTD Amount: \$5,282,544.52

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300234A
PAYMENT ISSUE DATE: 02/14/2014

SHASTA COUNTY TREASURER
PO BOX 1859

SACRAMENTO

CA 95812 1859

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 01/01/2014 To 01/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 1,081,972.77

Gross Claim \$1,081,972.77

Net Claim / Payment Amount \$1,081,972.77

YTD Amount: \$3,474,128.48

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300234A
PAYMENT ISSUE DATE: 02/14/2014

SIERRA COUNTY TREASURER
PO BOX 376

DOWNIEVILLE

CA 95936 0376

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 01/01/2014 To 01/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 207,671.29

Gross Claim \$207,671.29

Net Claim / Payment Amount \$207,671.29

YTD Amount: \$666,815.99

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300234A

PAYMENT ISSUE DATE: 02/14/2014

SISKIYOU COUNTY TREASURER

311 FOURTH ST RM 104

YREKA

CA 96097

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 01/01/2014 To 01/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 386,010.19

Gross Claim \$386,010.19

Net Claim / Payment Amount \$386,010.19

YTD Amount: \$1,239,448.02

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300234A
PAYMENT ISSUE DATE: 02/14/2014

SOLANO COUNTY T TC
675 TEXAS ST STE 1900

FAIRFIELD

CA 94533 6337

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 01/01/2014 **To** 01/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 2,255,938.81

Gross Claim **\$2,255,938.81**

Net Claim / Payment Amount **\$2,255,938.81**

YTD Amount: **\$7,243,640.01**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300234A

PAYMENT ISSUE DATE: 02/14/2014

SONOMA COUNTY TREASURER

PO BOX 1204

SACRAMENTO

CA 95812 1204

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 01/01/2014 To 01/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 2,534,778.06

Gross Claim \$2,534,778.06

Net Claim / Payment Amount \$2,534,778.06

YTD Amount: \$8,138,970.66

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300234A

PAYMENT ISSUE DATE: 02/14/2014

STANISLAUS COUNTY TREASURER

PO BOX 3052

MODESTO

CA 95353 3052

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 01/01/2014 To 01/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 2,873,008.63

Gross Claim \$2,873,008.63

Net Claim / Payment Amount \$2,873,008.63

YTD Amount: \$9,225,002.11

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300234A

PAYMENT ISSUE DATE: 02/14/2014

SUTTER COUNTY TREASURER

PO BOX 546

YUBA CITY

CA 95992

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 01/01/2014 To 01/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 1,065,466.76

Gross Claim \$1,065,466.76

Net Claim / Payment Amount \$1,065,466.76

YTD Amount: \$3,421,128.99

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300234A
PAYMENT ISSUE DATE: 02/14/2014

TEHAMA COUNTY TREASURER
PO BOX 1150

RED BLUFF

CA 96080

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 01/01/2014 To 01/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 447,186.74

Gross Claim \$447,186.74

Net Claim / Payment Amount \$447,186.74

YTD Amount: \$1,435,881.04

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300234A
PAYMENT ISSUE DATE: 02/14/2014

TRI CITY MENTAL HEALTH
2008 N GAREY AVENUE

POMONA

CA 91767

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 01/01/2014 To 01/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 1,242,504.09

Gross Claim **\$1,242,504.09**

Net Claim / Payment Amount **\$1,242,504.09**

YTD Amount: **\$3,989,581.77**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300234A

PAYMENT ISSUE DATE: 02/14/2014

TRINITY CO TREASURER

PO BOX 1297

WEAVERVILLE

CA 96093 1297

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 01/01/2014 To 01/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 229,617.64

Gross Claim **\$229,617.64**

Net Claim / Payment Amount **\$229,617.64**

YTD Amount: **\$737,283.97**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300234A
PAYMENT ISSUE DATE: 02/14/2014

TULARE COUNTY TREASURER
COUNTY CIVIC CENTER RM 103E
221 SOUTH MOONEY BL
VISALIA CA 93291

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 01/01/2014 **To** 01/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 2,720,226.63

Gross Claim \$2,720,226.63

Net Claim / Payment Amount \$2,720,226.63

YTD Amount: \$8,734,431.26

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300234A

PAYMENT ISSUE DATE: 02/14/2014

TUOLUMNE COUNTY TREASURER
2 SOUTH GREEN ST

SONORA

CA 95370

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 01/01/2014 To 01/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 427,344.31

Gross Claim \$427,344.31

Net Claim / Payment Amount \$427,344.31

YTD Amount: \$1,372,168.58

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300234A

PAYMENT ISSUE DATE: 02/14/2014

VENTURA COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO

CA 95798 0307

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 01/01/2014 **To** 01/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 4,640,451.10

Gross Claim **\$4,640,451.10**

Net Claim / Payment Amount **\$4,640,451.10**

YTD Amount: **\$14,900,119.25**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300234A

PAYMENT ISSUE DATE: 02/14/2014

YOLO COUNTY TREASURER

PO BOX 1995

WOODLAND

CA 95695

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 01/01/2014 To 01/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 1,211,025.44

Gross Claim \$1,211,025.44

Net Claim / Payment Amount \$1,211,025.44

YTD Amount: \$3,888,506.32